

NAME OF EC PROGRAM \_\_\_\_\_

AEA \_\_\_\_\_

DATE OF SELF-ASSESSMENT \_\_\_\_\_

FACILITATOR \_\_\_\_\_

**IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA****SELF- ASSESSMENT****PROGRAM STANDARD 1 — RELATIONSHIPS**

THE PROGRAM PROMOTES POSITIVE RELATIONSHIPS AMONG ALL CHILDREN AND ADULTS TO ENCOURAGE EACH CHILD'S SENSE OF INDIVIDUAL WORTH AND BELONGING AS PART OF A COMMUNITY, AND TO FOSTER EACH CHILD'S ABILITY TO CONTRIBUTE AS A RESPONSIBLE COMMUNITY MEMBER.

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<b>Building Positive Relations Among Teacher and Families</b>						
1.1.	Teachers work in partnership with families, establishing and maintaining regular, on-going two-way communication.					
<b>Building Positive Relationships between Teachers and Children</b>						
1.2.	Teachers evaluate and change their responses based on individual needs. Teachers vary their interactions so as to be sensitive and responsive to differing abilities, temperament, activity levels and cognitive and social development.					
1.3.	Teachers talk frequently with children. They listen to children with attention and respect. Respond to children's questions and requests. Use strategies to communicate effectively and build relationships with every child. Engage regularly in meaningful and extended conversations with each child.					

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1.4.	Teachers never use physical punishment such as shaking or hitting. Teachers never use verbal abuse, threats or derogatory remarks, and do not withhold or withdraw nor threaten to withhold or withdraw food.					
<b>Building Positive Relationships among Peers</b>						
1.5.	Teachers support children's development of friendships and provide opportunities for children to play with and learn from each other.					
1.6.	Teachers intervene quickly when children are physically aggressive with one another and help them develop more positive strategies for resolving conflict.					
<b>Creating a Predictable, Consistent and Harmonious Classroom</b>						
1.7.	<p>Teachers promote pro-social behavior by</p> <ul style="list-style-type: none"> <li>• interacting in a respectful manner with all staff and children.</li> <li>• modeling turn taking, sharing, and caring behaviors.</li> <li>• helping children negotiate their interactions with one another, and with shared materials.</li> <li>• engaging children in the care of their classroom.</li> <li>• ensuring that each child has an opportunity to contribute to the group.</li> <li>• encouraging children to listen to one another.</li> <li>• encouraging and helping children to provide comfort when others are sad or distressed.</li> <li>• Using narration and description of on-going interactions to identify pro-social behaviors.</li> </ul>					

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1.8.	Teachers counter potential bias and discrimination by <ul style="list-style-type: none"> <li>treating all children with equal respect and consideration.</li> <li>initiating activities and discussions that build positive self-identity and teach the valuing of differences.</li> <li>intervening when children tease or reject others.</li> <li>countering stereotypical limitations by providing models and visual images of differing adult roles, abilities, and ethnic/cultural backgrounds.</li> <li>avoiding stereotypes in language usage.</li> </ul>					
<b>Addressing children with Challenging Behaviors</b>						
1.9.	For children with persistent, serious challenging behavior, teachers, families, and other professionals work as a team to develop and implement an individualized plan that supports the child's inclusion and success.					
1.10.	Teachers use environmental modifications, activity modifications, adult or peer support, and other teaching strategies to support the child's appropriate behavior and prevent the child's use of challenging behavior.					
<b>Promoting Self-Regulation</b>						
1.11.	Teachers help children manage their behavior by guiding and supporting children to <ul style="list-style-type: none"> <li>persist when frustrated.</li> <li>play cooperatively with other children.</li> <li>use language to communicate needs.</li> <li>learn turn taking</li> <li>gain control of physical impulses.</li> <li>express negative emotions in ways that do not harm others or themselves.</li> <li>use problem-solving techniques.</li> <li>learn about self and others.</li> </ul>					

**IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA**  
**SELF-ASSESSMENT**  
Program Standard 2-Curriculum

**THE PROGRAM IMPLEMENTS A CURRICULUM THAT IS CONSISTENT WITH ITS GOALS FOR CHILDREN AND PROMOTES LEARNING AND DEVELOPMENT IN EACH OF THE DOMAINS: COGNITIVE, EMOTIONAL, LANGUAGE, PHYSICAL AND SOCIAL**

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<b>Curriculum: Essential Characteristics</b>						
2.1.	The program has a written statement of its philosophy and one or more written curricula or curriculum frameworks that are consistent with the philosophy, that address central aspects of child development.					
2.2.	A clearly stated curriculum or curriculum framework provides a coherent focus for planning children's experiences. It allows for adaptations and modifications to ensure access to the curriculum for all children.					
2.3.	Curriculum guides teacher's development and intentional implementation of learning opportunities consistent with the program's goals and objectives.					
2.4.	The curriculum can be implemented in a manner that reflects responsiveness to family home values, beliefs, language, and experiences.					
2.5.	Curriculum guides teachers to engage in attentive, responsive interactions throughout the day to facilitate the development of children's social competence and their ability to learn through interacting with others.					
2.6.	Curriculum guides teachers to incorporate content, concepts, and activities that foster aesthetic, cognitive, emotional, language, physical and/or social development and that integrate multiple disciplines.					
2.7.	Curriculum guides teachers to plan for children's engagement in play (including dramatic play and blocks) so it is linked to classroom topics of study.					

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2.8.	Curriculum goals and objectives guide teacher's ongoing assessment of children's progress.					
2.9.	Curriculum guides teachers to integrate assessment information with curriculum goals to support individualized learning.					
2.10.	<p>The daily schedule</p> <ul style="list-style-type: none"> <li>• is predictable and yet flexible and responsive to individual needs of the children.</li> <li>• provides time and support for transitions.</li> <li>• includes both indoor and outdoor experiences.</li> <li>• is responsive to a child's need to rest.</li> <li>• incorporates time and materials for play, self-initiated learning, and creative expression.</li> <li>• includes time for large group, small group, and child-initiated activity.</li> </ul>					
2.11.	The curriculum guides teachers to provide children learning opportunities, experiences, and/or projects that extend over the course of several days.					
2.12.	<p>Materials and equipment used to implement the curriculum</p> <ul style="list-style-type: none"> <li>• reflect the lives of the children and families.</li> <li>• reflect the diversity found in society, including gender roles, age, language, and abilities.</li> <li>• encourage exploration, experimentation, and discovery.</li> <li>• promote action and interaction.</li> <li>• are organized to support independent use.</li> <li>• are rotated to accommodate new interests and new skill levels.</li> <li>• are rich in variety.</li> <li>• accommodate children's special needs.</li> <li>• Provide for children's safety while being appropriately challenging.</li> </ul>					

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2.13.	Active media that children can control, such as cameras, video cameras, audio recorders, and developmentally appropriate software may be used in the classroom as active learning materials. The use of passive media such as televisions, film, videotapes, and audiotapes should be limited to developmentally appropriate programming.					
<b>Language Development</b>						
2.14.	Children have varied opportunities to develop competence in verbal and nonverbal communication by responding to questions, communicating needs, thoughts and experiences; and describing things and events.					
2.15.	Children have varied opportunities to develop vocabulary through conversations, experiences, field trips, and books.					
2.16.	Children have varied opportunities and materials that encourage them to have discussions to solve problems that are both interpersonal and related to the physical world.					
2.17.	Children have varied opportunities and are provided materials that encourage them to engage in discussions with one another.					

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<b>Early Literacy Development</b>						
2.18.	<p>Children have varied opportunities to</p> <ul style="list-style-type: none"> <li>• be read books in an engaging manner at least twice daily in full day programs and at least once daily in half-day programs in group or individualized settings.</li> <li>• be read to in individualized ways including one to one or in small groups of two to six children regularly.</li> <li>• explore books on their own and have places that are conducive to quiet enjoyment of books.</li> <li>• have access to various types of books including storybooks, factual books, books with rhymes, alphabet books, and wordless books.</li> <li>• be read the same book on repeated occasions.</li> <li>• retell or reenact events in storybooks.</li> <li>• engage in conversations that help them understand the content of the book.</li> <li>• be assisted in linking books to other aspects of the curriculum.</li> <li>• identify the parts of books and differentiate print from pictures.</li> </ul>					
2.19.	<p>Children have activities that allow them to become familiar with print:</p> <ul style="list-style-type: none"> <li>• Teachers help children recognize print and connect it to spoken words.</li> <li>• Children have opportunities to make sense of environmental print in their classroom. Some materials are labeled, and print is used to describe some rules and routines. Items belonging to a child are labeled with his or her name. Children are actively involved in making sense of print.</li> <li>• Children have opportunities to become familiar with, recognize, and use print that is accessible throughout the classroom.</li> </ul>					

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2.20.	<p>Children have multiple and varied opportunities to write.</p> <ul style="list-style-type: none"> <li>• Writing is embedded into art, dramatic play, and various center activities and writing materials needed for use in these areas are readily available for use in these areas.</li> <li>• Children have daily opportunities to write or dictate their ideas.</li> <li>• Various types of writing are supported including scribbling, letter-like marks, and developmental spelling.</li> <li>• Children are given the support they need to write on their own including access to the alphabet (e.g., displayed at eye level or on laminated cards) and printed words about topics of current interest.</li> <li>• Children are provided needed assistance in writing the words and messages they are trying to communicate.</li> <li>• Children see teachers' model functional use of writing and are helped to discuss the many ways writing is used in daily life.</li> </ul>					
2.21.	<p>Children are regularly provided multiple and varied opportunities to develop phonological awareness</p> <ul style="list-style-type: none"> <li>• They are encouraged to play with the sounds of language including syllables, word families and phonemes using rhymes, poems, songs, and finger plays.</li> <li>• Children are helped to identify letters and the sounds they represent.</li> <li>• They are helped to recognize and produce words that have the same beginning and ending sounds.</li> <li>• Children's self-initiated efforts to write letters that represent the sounds of words are supported.</li> </ul>					



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<b>Early Mathematics</b>						
2.22.	Children are provided opportunities and materials for children to build understanding of numbers, number names, and their relationship to object quantities and to symbols.					
2.23.	Children are provided opportunities and materials to categorize by one or two attributes, such as shape, size, and color.					
2.24.	Children are provided opportunities and materials to understand basic concepts of geometry by for example, naming and recognizing two and three dimensional shapes and recognizing how figures are composed of different shapes.					
2.25.	Children are provided opportunities and materials that help them understand the concept of measurement by using standard and nonstandard units of measurement.					
<b>Scientific Inquiry and Knowledge</b>						
2.26.	<p>Science content focuses on</p> <p>Organisms including:</p> <ul style="list-style-type: none"> <li>• living and nonliving (e.g., plants versus rocks).</li> <li>• life cycle (e.g., plants, butterflies, humans).</li> </ul> <p>Earth and sky (e.g., seasons, weather, geologic features, light and shadow, sun, moon, and stars).</p> <p>Structure and property of matter, including:</p> <ul style="list-style-type: none"> <li>• characteristics that include concepts like hard, and soft, floating and sinking.</li> <li>• behavior of materials (e.g., transformation of liquids and solids by dissolving or melting).</li> </ul>					
2.27.	Children are provided varied opportunities and that encourage them to think, question, and reason about observed and inferred phenomena.					
2.28.	Technology is used to extend learning within the classroom and to integrate and enrich the curriculum.					

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<b>Understanding Ourselves, Our Communities and Our World</b>						
2.29.	A sense of community is developed within the classroom so each child feels accepted and gains a sense of belonging.					
2.30.	Children have varied opportunities to engage in discussions about fairness, friendship, responsibility, and authority and differences.					
2.31.	Children are provided opportunities and materials to explore social roles in the family and workplace through play.					
2.32	Children are provided varied opportunities & materials to build their understanding of diversity in culture, family structure, ability, language, age, and gender in non-stereotypical ways.					
<b>Creative Expression and Appreciation for the Arts</b>						
2.33.	Children are provided many and varied open-ended opportunities and materials to express themselves creatively through two- and three-dimensional art.					
<b>Physical Development and Skills</b>						
2.34.	Children have varied opportunities and are provided equipment to engage in large motor experiences that <ul style="list-style-type: none"> <li>stimulate a variety of skills.</li> <li>enhance sensory-motor integration.</li> <li>develop controlled movement (balance, strength, coordination).</li> <li>enable children with varying abilities to have gross-motor experiences similar to those of their peers.</li> <li>range from familiar to new and challenging.</li> <li>help them learn physical games with rules and structure.</li> </ul>					
2.35.	Children are provided varied opportunities and materials that support fine-motor development.					
2.36.	Children are provided opportunities and materials that increase children's awareness of safety rules in their classroom, home, and community.					

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2.37.	Children have opportunities to practice safety procedures.					
2.38.	Children are provided opportunities and materials that encourage good health practices, such as serving and feeding themselves, rest, good nutrition, exercise, hand washing, and brushing teeth.					
2.39.	Children are provided opportunities and materials that help them learn about nutrition, including sources of food, and recognizing, preparing, eating and valuing healthy foods.					

# IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA

## SELF- ASSESSMENT

### PROGRAM STANDARD 3—TEACHING

THE PROGRAM USES DEVELOPMENTALLY, CULTURALLY, AND LINGUISTICALLY APPROPRIATE AND EFFECTIVE TEACHING APPROACHES THAT ENHANCE EACH CHILD'S LEARNING AND DEVELOPMENT IN THE CONTEXT OF THE PROGRAM'S CURRICULUM GOALS.

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<b>Designing Enriched Learning Environments</b>						
3.1.	Teachers supervise children primarily by sight. Supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight (e.g., those who can use the toilet independently or napping children).					
3.2.	Teachers arrange space and select materials to stimulate exploration, experimentation, discovery, and conceptual learning in all content and developmental domains.					
3.3.	<p>Teachers work to prevent challenging or disruptive behaviors through:</p> <ul style="list-style-type: none"> <li>• environmental design.</li> <li>• schedules that meet the needs and abilities of children.</li> <li>• effective transitions.</li> <li>• engaging activities.</li> </ul> <p>Teachers address challenging behavior by</p> <ul style="list-style-type: none"> <li>• assessing the function of the child's behavior.</li> <li>• Convening families and professionals to develop individualized plans to address behavior.</li> <li>• using positive behavior support strategies.</li> </ul>					
3.4.	Teachers and children work together to arrange the classroom materials in predictable ways so children know where to find things and where to put them away.					

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<b>Creating Caring Communities for Learning</b>						
3.5.	Teachers create and maintain a setting in which children of differing abilities can progress, with guidance, toward increasing levels of autonomy, responsibility, and empathy.					
3.6.	Teachers help children learn socially appropriate behavior by providing guidance that corresponds to their level of development.					
3.7.	Teachers notice patterns in children's challenging behaviors and over time provide thoughtful, consistent, and individualized responses.					
3.8.	Teachers demonstrate consistency when managing behavior and implementing classroom rules and expectations.					
<b>Using Time, Grouping, and Routines to Achieve Learning Goals</b>						
3.9.	Teachers organize time and space on a daily basis to allow children to work or play individually and in pairs, to come together in small groups, and to engage as a whole group.					
3.10.	Teachers use their knowledge of children's social relationships, interests, and skills to tailor learning opportunities for groups and individuals.					
3.11.	Teachers create opportunities for children to engage in-group projects and learn from one another.					
<b>Making Learning Meaningful for All Children</b>						
3.12.	Teachers use curriculum in all content and developmental domains as a flexible framework for teaching. Teachers use curriculum innovatively to support the development of daily plans and learning experiences.					
3.13.	Teachers carefully plan and organize activities that are responsive to children's needs and interests. Play is planned for each day.					
3.14.	Teachers use pictures, familiar objects, body language, and physical cues to help children understand spoken language, particularly when children are not native English speakers.					

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<b>Using Instruction to Deepen Children's Understanding and Build Their Skills and Knowledge</b>						
3.15.	Teachers use their knowledge of content to pose problems, and ask questions that stimulate children's thinking. Teachers help children express their ideas and build on the meaning of their experiences.					
3.16.	Teachers help children identify and use prior knowledge. They provide experiences that extend and challenge children's current understandings.					
3.17.	Teachers use multiple sources, including children's initiations, questions, interests, and misunderstandings, to identify what children have learned, adapt curriculum and teaching to meet their needs and interests, foster curiosity, extend their engagement, and support self-initiated learning.					
3.18.	Teachers promote children's engagement and learning by guiding them in acquiring specific skills and, explicitly teaching those skills.					
3.19.	Teachers promote children's engagement and learning by responding to their need for and interest in practicing emerging skills and by enhancing and expanding activities they choose to reengage in repeatedly.					

# IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA

## SELF- ASSESSMENT

### PROGRAM STANDARD 4—ASSESSMENT

THE PROGRAM IS INFORMED BY ONGOING SYSTEMATIC, FORMAL, AND INFORMAL ASSESSMENT APPROACHES TO PROVIDE INFORMATION ON CHILDREN'S LEARNING AND DEVELOPMENT. THESE ASSESSMENTS OCCUR WITHIN THE CONTEXT OF RECIPROCAL COMMUNICATIONS WITH FAMILIES AND WITH SENSITIVITY TO THE CULTURAL CONTEXTS IN WHICH CHILDREN DEVELOP. ASSESSMENT RESULTS ARE USED TO BENEFIT CHILDREN BY INFORMING SOUND DECISIONS ABOUT CHILDREN, TEACHING, AND PROGRAM IMPROVEMENT.

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<b>Creating an Assessment Plan</b>						
4.1.	<p>The program has a written plan for assessment that describes the assessment purposes, procedures, and uses of assessment results. The plan also includes:</p> <ul style="list-style-type: none"> <li>• required training for all involved staff.</li> <li>• conditions under which children will be assessed.</li> <li>• timelines associated with assessments that occur throughout the year.</li> <li>• procedures to keep individual child records confidential.</li> </ul>					
4.2.	<p>The program's written assessment plan includes the multiple purposes and uses of assessment including:</p> <ul style="list-style-type: none"> <li>• conducting developmental screening and referral for diagnostic assessment when indicated.</li> <li>• identifying children's interests and needs.</li> <li>• describing the developmental progress &amp; learning of children.</li> <li>• improving curriculum and adapting teaching practices and the environment.</li> <li>• Planning program improvement.</li> <li>• communicating with families.</li> </ul>					

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<b>Using Appropriate Assessment Instruments and Procedures</b>						
4.3.	Assessments use a variety of procedures that are sensitive to and informed by family culture, experiences, children's disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children.					
4.4.	Assessment procedures obtain information on all domains of children's development and learning, including cognitive skills, language, social-emotional development, approaches to learning, and health and physical development including self-help skills.					
4.5.	Norm-referenced and standardized tests are used primarily, when seeking information on eligibility for special services or collecting information for overall program effectiveness. When formal assessments are used they are combined with informal methods such as observation, checklists, rating scales, and work-sampling.					
4.6.	<p>Staff-developed assessment procedures</p> <ul style="list-style-type: none"> <li>• are aligned with curriculum goals.</li> <li>• provide an accurate picture of all children's abilities and progress.</li> <li>• are appropriate and valid for their stated purposes.</li> <li>• provide meaningful and stable results for all learners including English language learners and children with special needs.</li> <li>• provide teachers with clear ideas for curriculum development and daily planning.</li> <li>• Are regularly reviewed to be certain that they are providing the needed information.</li> </ul>					



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<b>Adapting Curriculum, Individualizing Teaching, and Informing Program Development</b>						
4.7.	Teachers or others who know the children and are able to observe their strengths, interests, and needs on an on-going basis conduct assessments to inform classroom instruction and to make sound decisions about individual and group curriculum content, teaching approaches, and personal interactions.					
4.8.	Teaching teams meet at least weekly to interpret and use assessment results to align curriculum and teaching practices to the interests and needs of the children.					
4.9.	Teachers interact with children to assess their strengths and needs to inform curriculum development and individualize teaching.					
4.10.	Teachers observe and document children's work, play, behaviors, and interactions to assess progress. They use the information gathered to modify the curriculum and their teaching.					
4.11.	Teachers and other professionals associated with the program use assessment procedures and information to design goals for individual children, as well as to guide curriculum planning and monitor progress.					
<b>Communicating With Families and Involving Families in the Assessment Process</b>						
4.12.	Families have on-going opportunities to share the results of observations from home to contribute to the assessment process.					

**IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA**  
**Self -Assessment**  
**PROGRAM STANDARD 5—HEALTH**

THE PROGRAM PROMOTES THE NUTRITION AND HEALTH OF ALL CHILDREN AND STAFF AND PROTECTS THEM FROM PREVENTABLE ILLNESS AND INJURY.

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<b>Adult and Child Practices for Health Promotion and Protection (Including Measures to Control Infectious Disease)</b>						
5.1.	<p>Health information from a documented health assessment completed within 1 year of starting work must be received before a final job offer is made for all paid staff and before volunteers who work more than 40 hours per month have contact wit children. All employees and volunteers must receive health assessments every two years after this initial assessment. This documented health assessment includes:</p> <ul style="list-style-type: none"> <li>• Immunization status</li> <li>• Physical ability to perform duties (history, physical exam, oral health assessment, vision and hearing screening)</li> <li>• Emotional status</li> </ul> <p>Documentation of TB skin testing using the Mantoux method and freedom from active TB disease by a licensed health professional. For those who have positive TB skin tests and those who have increased risk of TB according to the Centers for Disease Control (CDC), documentation of freedom from active TB disease by a licensed health professional is required annually.</p>					

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5.2.	<p>Within 6 weeks after a child begins the program, and as age-appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the websites of American Academy of Pediatrics, Centers for Disease Control of the United States Public Health Service (CDC-USPHS), and the Academy of Family Practice. When a child is overdue for any routine health services, parents and/ or legal guardians provide evidence of an appointment for such services prior to the child's entry into the program and as a condition of remaining enrolled in the program, except for immunization for which parents are using religious exemption.</p> <p>Child health records include the following information:</p> <ul style="list-style-type: none"> <li>• Current information about any health insurance coverage required for treatment in an emergency;</li> <li>• Results of recent health examination, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results;</li> <li>• Current emergency contact information for each child that is kept up-to-date by a specified method during the year;</li> <li>• Individuals authorized by the family to have access to health information about the child;</li> <li>• Instructions for any special health needs of the child, such as allergies or chronic illness;</li> <li>• Staff have evidence in their child's files if any child is under-immunized because of a medical condition (documented by a licensed health professional) or the</li> </ul>					

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5.2. Cont.	Family's beliefs. They implement a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.					
5.3.	At least one staff member who has a certificate of satisfactory completion of pediatric first-aid training, including management of a blocked airway and providing rescue breathing for infants and children, is always present with each group of children. When the program includes swimming and wading and when a child in the group has a special health condition that might require CPR, one staff person who has successfully completed training in CPR is present in the program at all times.					
5.4.	<p>The program makes the child comfortable in a location where the child is supervised by a familiar caregiver and if is suspected of having a contagious disease, will not expose new individuals, until the child can be picked up by the child's family if</p> <ul style="list-style-type: none"> <li>• an illness prevents the child from participating comfortably in activities,</li> <li>• an illness results in a greater need for care than the staff can provide without compromising the health and safety of the other children, or</li> <li>• a condition is contagious and requires exclusion as identified by health authorities.</li> </ul> <p>The program immediately notifies the parent, legal guardian, or other person authorized by the parent when a child has any sign or symptom that requires exclusion from the program.</p> <p>A program that allows ill children or staff to remain in the program implements plans that have been reviewed by a health professional about what level and types of illness require exclusion; about how care is provided for those who are ill, but who are not excluded; and about when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member.</p>					

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5.5.	Staff and teachers provide information to families orally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that the families should implement at home. The program has documentation that it has cooperative arrangements and has at least annually made contact with local health authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.					
5.6.	At least once daily in a program where children over 1 year of age receive two or more meals, teachers provide an opportunity for tooth brushing and gum cleaning to remove food and plaque. (The use of toothpaste is not required.)					
5.7.	Children of all ages have daily opportunities for outdoor play when weather, air quality, and/or environmental safety conditions do not pose a health risk as defined by local health authorities, consistent with local agency or program protocols and the advice of public safety officers. When outdoor opportunities for gross motor activities are not possible because of weather conditions, the program provides similar activities inside; indoor equipment for gross motor activities meets all safety requirements and is supervised at the same level as outdoor equipment.					

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5.8.	<p>To protect against cold, heat, sun injury, and insect-borne disease, the program ensures the following:</p> <ul style="list-style-type: none"> <li>• Children wear clothing that is dry and layered for warmth in cold weather.</li> <li>• When children are in the sun, they wear sun-protective clothing and/or sunscreen or sun block with UVB and UVA protection of SPF 15 or higher is applied. The children have the opportunity to play in the shade. Program staff apply sunscreen sun block with written parental permission to do so.</li> <li>• When public health authorities recommend use of insect repellents due to high risk of insect-borne disease, only repellents containing DEET are used, and these are only applied on children over 2 months of age. Staff apply insect repellent no more than once a day, but only with written parental permission.</li> </ul>					
5.9.	<p>For children who are unable to use the toilet consistently, the program ensures the following:</p> <ul style="list-style-type: none"> <li>• Staff use only commercially available disposable diapers or pull-ups unless the child has a medical reason that does not permit their use (the health provider documents the medical reason);</li> <li>• For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit. Cloth diapers and clothing that is soiled by urine or feces is immediately placed in a plastic bag and sent home that day for laundering (without rinsing or avoidable handling);</li> </ul>					

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5.9. (cont.)	<ul style="list-style-type: none"> <li>• Staff check children for signs that diapers or pull-ups are wet or contain feces at least every two hours when children are awake and when children awaken; diapers are changed when wet or soiled;</li> <li>• Staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility;</li> <li>• The changing area is separated by a partial wall or a least 3 feet from other areas that children use and is assigned for exclusive use to one group of children;</li> <li>• At all times, caregivers have a hand on the child being changed on an elevated surface;</li> <li>• Staff post and follow changing procedures as outlined in the changing procedures table in the changing area and use these procedures to evaluate teachers who change diapers;</li> <li>• Containers that hold soiled diapers and diapering materials have a lid that closes tightly and opens using a hands-free device (such as a step can). These containers are kept closed (except for receipt of soiled materials) and are not accessible to children;</li> <li>• Staff members whose primary function is preparing food do not change diapers until food preparations are completed for the day;</li> <li>• Surfaces used for changing and for placing changing materials are not used for other purposes, including temporary placement of objects and especially not for any object involved with food or feeding</li> </ul>					

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5.10.	<p>Staff members and those children who are developmentally able to learn personal hygiene are instructed in and are periodically monitored. Hand washing is required by all staff, volunteers, and children when hand washing reduces the risk of transmission of infectious diseases to themselves and to others. Staff assist children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.</p> <p>Children and adults wash their hands:</p> <ul style="list-style-type: none"> <li>• before meals and snacks, preparing or serving food, or handling any raw food that requires cooking (e.g., meat, eggs, poultry);</li> <li>• after diapering or using the toilet (for infants, the use of wet wipes is acceptable);</li> <li>• after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or any touching of mucus, blood or vomit);</li> <li>• when moving from one group to another (e.g., visiting) that involves contact with infants and toddlers;</li> <li>• after handling pets and other animals;</li> <li>• after playing in water that is shared by two or more people.</li> </ul> <p>Adults also wash their hands</p> <ul style="list-style-type: none"> <li>• On arrival for the day;</li> <li>• Before and after feeding a child;</li> <li>• Before and after administering medication;</li> <li>• After assisting a child with toileting;</li> <li>• After handling garbage or cleaning.</li> </ul> <p>Proper hand-washing procedures are followed by</p>					



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5.10. Cont.	<p>adults and children and include:</p> <ul style="list-style-type: none"> <li>• using liquid soap and running water;</li> <li>• rubbing hands vigorously for at least 10 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails;</li> <li>• rinsing well;</li> <li>• drying hands with a paper towel, a single-use towel, or a dryer; and</li> <li>• avoiding touching the faucet with just washed hands, such as turning off water by using a paper towel.</li> </ul> <p>Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement but not a substitute for hand washing in any situation listed above as requiring hand hygiene.</p> <p>Staff must wear gloves when contamination with blood may occur.</p> <p>Staff do not use hand-washing sinks for bathing children or removing smeared fecal material.</p> <p>Staff clean and sanitize sinks used both for food preparation and other purposes before using these sinks to prepare food.</p>					

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5.11.	<p>Children are not permitted to play without constant supervision in areas where there is any body of water, including sinks, water tables, tubs, pails, toilets, swimming pools, built-in wading pools, ponds, and irrigation ditches. Children are not permitted to use spas, hot tubs, or saunas. Precautions are taken to ensure that communal water play does not spread infectious disease:</p> <ul style="list-style-type: none"> <li>• No child drinks the water.</li> <li>• Children with sores on their hands are not permitted to participate in communal water play.</li> <li>• Fresh potable water is used, and the water is changed before a new group of children come to participate in water play activity. The water is drained when the group of children allowed to use the table during the activity period completes the activity. Alternately, fresh potable water flows freely through the water play table.</li> </ul>					
5.12.	<p>Staff administers both prescription and over-the-counter medications to a child only if the child's record documents that the parent or legal guardian has given the program written permission and the record contains instructions from a licensed health care provider who has prescribed or recommended the medication for that specific child. The instructions may be written by the licensed health provider or given by telephone by the licensed health provider's office to the program staff.</p>					

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5.12. Cont.	<ul style="list-style-type: none"> <li>Any administrator/teacher who administers medication has (a) specific training and (b) a written performance evaluation updated annually by a health professional on the practice of the five rights of medication administration verifying that the right child receives the right medication in the right dose at the right time by the right method with documentation that this practice is used each time medication is given.</li> </ul> <p>The Person giving the medication signs documentation of items (1) through (5) above.</p> <ul style="list-style-type: none"> <li>Teachers who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the procedures and are guided in writing about how to perform the procedure by the prescribing health care provider.</li> <li>Medications are labeled with the child's first and last names, the date the prescription was filled or the recommendation was obtained from the child's licensed health care provider, the name of the licensed health care provider, the expiration date of the medication or the period of use of the medication, the manufacturer's instructions or the original prescription label that details the name and strength of the medication, and instructions on how to administer and store it.</li> <li>All medications are kept in a locked container.</li> </ul>					

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<b>Nutrition</b>						
5.13.	If the program provides food for meals and snacks (whether catered or prepared on site), the food is prepared, served, and stored in accordance with USDA Child and Adult Care Food Program (CACFP) requirements.					
5.14.	The program prepares written menus and posts them where families can see them and has copies available for families who would like to have one. Menus are kept on file for review by the consultant described in criterion above.					
5.15.	The program serves meals and snacks at regularly established times. Meals and snacks are at least 2 hours apart but not more than 3 hours apart.					
5.16.	<p>Staff work with families to ensure foods brought from home meet the food requirements of USDA's CACFP. All foods and beverages brought from home are labeled with the child's name and the date. Staff check for food that is brought from home and requires refrigeration to be sure that the food is still cold until served. Food is provided to supplement food brought from home if necessary.</p> <p>All foods that require refrigeration and are brought from home for sharing among the children are either whole fruits or commercially prepared packaged foods in factory-sealed containers.</p>					
5.17.	The program complies with the food safety standards of national public health authorities. Staff discard foods with expired dates. The program documents compliance and corrections that it has made according to the recommendations of the program's health consultant or sanitarian.					
5.18.	For children with disabilities who have special feeding needs, program staff keep and provide families with a daily record documenting the type and quantity of food a child consumes.					

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5.19.	<p>For each child with special health care needs or food allergies or other special nutrition needs, the child's health provider gives the program an individualized care plan that is prepared in consultation with family members and specialist involved in the child's care.</p> <p>The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent and then, if consent is given, posts information about that child's food allergy in the food preparation area and in the areas of the facility the child uses as a visual reminder to all those who interact with the child during the program day.</p>					
5.20.	Clean sanitary drinking water is made available to children throughout the day.					
5.21.	Liquids and foods that are hotter than 110 degrees F are kept out of reach of children.					
5.22.	Staff do not offer children under the age of 4 hotdogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hunks of raw carrots; hard pretzels; spoonfuls of peanut butter; or chunks of meat larger than can be swallowed whole. Staff cut foods into pieces no larger than ¼-inch square for toddlers, according to each child's chewing and swallowing capability.					
<b>Practices for Maintenance of Healthful Environment</b>						
5.23.	The routine frequency of cleaning and sanitizing all surfaces in the facility is as indicated in the Cleaning and Sanitation Table. Ventilation and sanitation, rather than sprays, air freshening chemicals, or deodorizers, control odors in inhabited areas of the facility and in custodial closets.					

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5.24.	<p>Procedures for Standard Precautions are used and include the following:</p> <ul style="list-style-type: none"> <li>• Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.</li> <li>• Staff use barriers and techniques that minimize contact of mucus membranes or openings in skin with potentially infectious body fluids and reduce the spread of infectious material within the child care program.</li> <li>• When spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing. After cleaning, staff sanitize nonporous surfaces described in the Cleaning and Sanitation table. Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning.</li> <li>• Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie in a closed container.</li> </ul>					
5.25.	A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or excretion is to be washed by hand using water and detergent, then rinsed, sanitized, and air dried (or washed and dried in a mechanical dishwasher) before it can be used by another child.					
5.26.	Staff maintain areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.					

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5.27.	Classroom pets or visiting animals appear to be in good health and have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children. Teachers closely supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Program staff must ensure that no child is exposed to animals to which that child is allergic. Reptiles are not allowed as classroom pets.					

# IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA

## SELF- ASSESSMENT

### PROGRAM STANDARD 6—TEACHERS

THE PROGRAM EMPLOYS AND SUPPORTS A TEACHING STAFF THAT HAS THE EDUCATIONAL QUALIFICATIONS, KNOWLEDGE, AND PROFESSIONAL COMMITMENT NECESSARY TO PROMOTE CHILDREN'S LEARNING AND DEVELOPMENT AND TO SUPPORT FAMILIES' DIVERSE NEEDS AND INTERESTS.

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<b>Preparation, Knowledge, and Skills of Teaching Staff</b>						
6.1.	When working with children, all teaching staff demonstrates the ability to: <ul style="list-style-type: none"> <li>• interact with children without using physical punishment or any form of psychological coercion or abuse.</li> <li>• recognize health and safety hazards and act to ensure that children are protected from harm.</li> <li>• encourage children and provide them with a variety of opportunities for learning and social experiences.</li> <li>• communicate with children and their families.</li> </ul>					
6.2.	All teaching staff possess the physical and mental health required to carry out the responsibilities of their position.					



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6.3.	<p>Before working with children, new teaching staff are given an initial orientation that introduces them to fundamental aspects of program operation including:</p> <ul style="list-style-type: none"> <li>• program philosophy, values, and goals.</li> <li>• expectations for ethical conduct.</li> <li>• health, safety, and emergency procedures.</li> <li>• individual needs of children they will be teaching or caring for.</li> <li>• accepted guidance and classroom management techniques.</li> <li>• daily activities and routines of the program.</li> <li>• program curriculum.</li> <li>• child abuse and neglect reporting procedures.</li> <li>• program policies and procedures.</li> <li>• Iowa Quality Preschool Program Standards and Criteria.</li> <li>• regulatory requirements.</li> </ul> <p>Follow-up training expands on the initial orientation.</p>					
6.4.	Teachers are licensed by the Iowa Board of Educational Examiners.					
6.5.	<p>Assistant Teachers/teacher aides (staff who implement program activities under direct supervision) have a high school diploma or GED and</p> <ul style="list-style-type: none"> <li>• 50% of assistant teachers/teacher aids have at least a Child Development Associate Credential (CDA) or equivalent.</li> <li>• 50% are enrolled in a program leading to a CDA or equivalent, are actively participating in the program, and are demonstrating progress toward the CDA or equivalent.</li> </ul> <p>College-level course work is from regionally accredited institutions of higher education. If there is only one assistant teacher/teacher aide, then either of the requirements can be met.</p>					

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<b>Teachers' Dispositions and Professional Commitment</b>						
6.6.	All teaching staff evaluate and improve their own performance based on reflection and feedback from supervisors, peers, and families. They add to their knowledge and increase their ability to put knowledge into practice. They develop an annual individualized professional development plan with their supervisor and use it to inform their continuous professional development.					
6.7.	All teaching staff continuously strengthens their leadership skills and relationships with others and work to improve the conditions of children and families within their programs, the local community or region, and beyond. Teaching staff participate in informal or formal ways in local, state, or regional public-awareness activities related to early care by joining groups, attending meetings, or sharing information with others both at and outside the program.					

# IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA

## PROGRAM STANDARD 7—FAMILIES

### SELF- ASSESSMENT

THE PROGRAM ESTABLISHES AND MAINTAINS COLLABORATIVE RELATIONSHIPS WITH EACH CHILD’S FAMILY TO FOSTER CHILDREN’S DEVELOPMENT IN ALL SETTINGS. THESE RELATIONSHIPS ARE SENSITIVE TO FAMILY COMPOSITION, LANGUAGE, AND CULTURE.

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<b>Knowing and Understanding the Program’s Families</b>						
7.1.	Program staff use a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and their socioeconomic, linguistic, racial, religious, and cultural backgrounds.					
7.2.	Program staff ensure that families, regardless of family structure, socioeconomic, racial, religious, and cultural backgrounds; gender, abilities, or preferred language are included in all aspects of the program, including volunteer opportunities. These opportunities consider family’s interests and skills, and needs of the program staff.					
<b>Sharing Information Between Staff and Families</b>						
7.3	Program staff communicate with families on at least a weekly basis regarding children’s activities and developmental milestones, shared care-giving issues and other information that affects the well-being and development of their children. Where in-person communication is not possible, alternative communication practices are in place.					
7.4.	Program staff inform families about its systems for formally and/or informally assessing children’s progress. This includes the purposes of the assessment, the procedures used for assessment, procedures for gaining family input and information, the timing of assessments, the way assessment results or information will be shared with families, and the ways the program will use the information.					

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7.5.	When program staff suspect that a child has a developmental delay or other special need, this possibility is communicated to families in a sensitive, supportive, and confidential manner, with documentation and explanation for the concern, suggested next steps, and information about resources for assessment.					
<b>Nurturing Families as Advocates for Their Children</b>						
7.6.	Program staff encourage families to raise concerns and work collaboratively with them to find mutually satisfying solutions that staff then incorporate into classroom practice.					
7.7.	Program staff encourage and support families to make the primary decisions about the services that their children need and they encourage families to advocate to obtain needed services.					
7.8.	Program staff provide families with information about programs and services from other agencies. Staff support and encourage families' efforts to negotiate health, mental health, assessment, and educational services for their children.					
7.9.	Program staff use established linkages with other early education programs and local elementary schools to help families prepare for and manage their child's transitions between programs, including special education programs. Staff provide information to families that can assist them in communicating with other programs.					
7.10.	To help families with their transitions to other programs or schools, staff provide basic general information on enrollment procedures and practices, visiting opportunities, and/or program options.					

**IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA**  
**Self -Assessment**  
**PROGRAM STANDARD 8—COMMUNITY PARTNERSHIPS**

THE PROGRAM ESTABLISHES RELATIONSHIPS WITH AND USES THE RESOURCES OF THE CHILDREN’S COMMUNITIES TO SUPPORT THE ACHIEVEMENT OF PROGRAM GOALS.

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<b>Linking with the Community</b>						
8.1.	Program staff maintain a current list of child and family support services available in the community based on the pattern of needs they observe among families and on a families' requests (e.g., health, mental health, oral health, nutrition, child welfare, parenting programs, dental services, early intervention/early childhood special education screening and assessment services, and basic needs, such as housing and child care subsidies). They share the list with families and assist them in locating, contacting, and using community resources that support children's and families' well-being and development.					
8.2.	Program staff develop partnerships and professional relationships with agencies, consultants and organizations in the community that further the program's capacity to meet the needs and interests of the children and families that they serve.					
8.3.	Staff identify and establish relationships with specialized consultants who can assist in encouraging that all children and families fully participate in the program. This includes support for children with disabilities, behavioral challenges, or other special needs.					

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<b>Accessing Community Resources</b>						
8.4.	Program staff use their knowledge of the community and the families it serves as an integral part of the curriculum and children's learning experiences.					
<b>Acting as a Citizen in the Neighbor hood and the Early Childhood Community</b>						
8.5.	The program encourages staff to participate in joint and collaborative training activities or events among neighboring early childhood programs and other community service agencies.					
8.6.	Program staff are encouraged and given the opportunity to participate in community or statewide interagency councils or service integration efforts.					

# IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA

## PROGRAM STANDARD 9—PHYSICAL ENVIRONMENT

### SELF -ASSESSMENT

THE PROGRAM PROVIDES APPROPRIATE AND WELL-MAINTAINED INDOOR AND OUTDOOR PHYSICAL ENVIRONMENTS, INCLUDING FACILITIES, EQUIPMENT, AND MATERIALS, TO FACILITATE CHILD AND STAFF LEARNING AND DEVELOPMENT. TO THIS END, A PROGRAM STRUCTURES A SAFE AND HEALTHFUL ENVIRONMENT.

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<b>Indoor and Outdoor Equipment, Materials and Furnishings</b>						
9.1.	A variety of age and developmentally appropriate materials and equipment are available for children throughout the day indoors and outdoors. This includes dramatic play equipment and sensory materials such as sand, water, play dough, paint, and blocks. Equipment is available for, for example, pulling up; walking; climbing in, on, and over; moving through, around, and under; pushing; pulling; and riding.					
9.2.	Materials and equipment are available in sufficient quantities to occupy every child in activities that meet his or her interests and facilitate focused individual play or play with peers. Duplicate materials are available as needed.					
9.3.	Indoor space is designed and arranged to accommodate children individually, in small groups, and in a large group. Space is arranged to facilitate a variety of activities for each age group. <ul style="list-style-type: none"> <li>Space is divided into areas that are supplied with materials organized in a manner to support children's play and learning.</li> <li>Semiprivate areas where children can play or work alone or with a friend are available indoors.</li> <li>Adaptations have been made to provide full access for children with disabilities to the curriculum and activities in the indoor space.</li> </ul>					

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9.4.	Program staff arrange the physical space in the classroom so that staff can supervise children by sight and sound at all times without reliance on artificial monitoring devices. In semiprivate areas, there is always the possibility of both children and adults being observed by an adult from outside the area.					
9.5.	Outdoor play areas are designed with a variety of natural and manufactured surfaces, age and developmentally appropriate equipment to accommodate motor experiences, such as running, climbing, balancing, riding, jumping, or swinging, and activities such as dramatic play, block building, manipulative play, art activities, crawling, scooting, and exploring the natural environment. Program staff clearly define areas for these outdoor activities to indicate their intended use. Semi-private areas, where children can play alone or with a friend are available. Areas with natural materials, such as nonpoisonous plants, shrubs, and trees, are available. The program makes adaptations so children with disabilities can fully participate in the outdoor curriculum and activities.					
9.6.	Program staff provide for an outdoor play area that is protected by fences or by natural barriers from access to streets and other dangers, such as pits, water hazards, or wells.					
9.7.	The outdoor play area is arranged so that staff can supervise children by sight and sound.					



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9.8.	<p>The findings of an assessment regarding playground safety are documented and available on site. The assessment documents that:</p> <ul style="list-style-type: none"> <li>all pieces of outdoor play equipment are designed to guard against entrapment or situations that may cause strangulation.</li> <li>through remedial action the program has corrected any unsafe conditions, where applicable.</li> <li>toxic materials have not been used in the manufacture of the playground equipment.</li> <li>the program provides protective surfaces in areas where climbing, sliding, swinging, or other equipment from which a child might fall is located.</li> <li>safety surfacing is beneath play equipment and extends 6 feet in each direction around it.</li> </ul>					
9.9.	<p>There is a minimum of 35 square feet of usable space per child in each of the primary indoor activity areas. The primary activity space does not include diaper stations, cribs, large structures that cannot be removed or moved aside easily, toilets, sick-child area, staff rooms, corridors, hallways, stairways, closets, lockers/cubbies, laundry rooms, janitor rooms, furnace rooms, storage areas, and built-in shelving. Specialty areas such as computer rooms, reading rooms, and lunchrooms, where children are expected to remain seated for short periods of time may be excluded from the minimum space requirement.</p>					
9.10.	<p>Facilities meet Americans with Disabilities (ADA) accessibility requirements. Accessibility includes access to buildings, toilets, sinks, drinking fountains, outdoor play space, and all classroom and therapy areas.</p>					

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<b>Building/Physical Design</b>						
9.11.	The routine frequency of cleaning and sanitation in the facility is carried out as indicated in the Cleaning And Sanitation Frequency Table. Staff clean and sanitize toilet seats, toilet handles, toilet bowls, doorknobs, or cubicle handles and floors daily or immediately if visibly soiled. Staff clean and sanitize potty chairs, if in use, after each child's use.					
9.12.	Program staff protect children and adults from hazards, including electrical shock, burns or scalding, slipping, tripping, or falling. Floor coverings are secured to keep staff and children from tripping or slipping. The program excludes baby walkers.					
9.13.	Fully equipped first-aid kits are readily available, and maintained for each group of children. Staff take at least one kit on field trips and outings away from the site.					
9.14.	Program staff provide fully working fire extinguishers and fire alarms that are accessible to each classroom and are tagged and serviced annually. Programs install working smoke detectors and carbon monoxide detectors in each classroom. Program staff test smoke detectors, carbon monoxide detectors, and fire alarms monthly, and maintain a written log of testing dates and battery changes.					
9.15.	Any body of water, including swimming pools, built-in wading pools, ponds, and irrigation ditches, is enclosed by a fence at least 4-foot in height with any gates childproofed to prevent entry by unattended children. To prevent drowning accidents, staff supervise all children by sight and sound in all areas with access to water in tubs, pails, and water tables.					

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<b>Environmental Health</b>						
9.16.	Documentary evidence is available on site indicating that the building has been assessed for the presence of lead, radon, radiation, asbestos, fiberglass, or any other hazard from friable material. Evidence exists that the program has taken remedial or containment action to prevent exposure to children and adults if warranted by the assessment.					
9.17.	When the water supply source is from a well or other private source (i.e., not served by a public supply), on-site documentary evidence verifies that the local regulatory health authority has determined the source to be safe for human consumption.					
9.18.	All rooms that children use are heated, cooled and ventilated to maintain room temperature and humidity level. The maintenance contractor certifies that facility systems are maintained in compliance with national standards for facility use by children.					
9.19	The facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children.					

**IOWA QUALITY PRESCHOOL PROGRAM STANDARDS AND CRITERIA**  
**Self -Assessment**  
**PROGRAM STANDARD 10—LEADERSHIP AND MANAGEMENT**

THE PROGRAM EFFECTIVELY IMPLEMENTS POLICIES, PROCEDURES, AND SYSTEMS IN SUPPORT OF STABLE STAFF AND STRONG PERSONNEL, FISCAL, AND PROGRAM MANAGEMENT SO THAT ALL CHILDREN, FAMILIES AND STAFF HAVE HIGH-QUALITY EXPERIENCES.

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<b>Leadership</b>						
10.1.	The program has a well-articulated mission and philosophy of program excellence that guide its operation. The goals and objectives relate to the mission, philosophy and all program operations include child and family desired outcomes.					
10.2.	<p>The program administrator has the educational qualifications and personal commitment required to serve as the program's operational and pedagogical leader. The administrator has at least a baccalaureate degree that may have been earned through online course, work, distance learning, and/or degree completion programs that offer credit as part of a formal assessment of prior learning.</p> <ul style="list-style-type: none"> <li>Has at least 9 credit-bearing hours of specialized college-level course work in administration, leadership, and management. The 9 semester hours can be in school administration, business management, communication, technology and/or early childhood management, or administration.</li> <li>Has at least 24 credit-bearing hours of specialized college-level course work in early childhood education, child development, or early childhood special education which encompasses child development and learning, family and community relationships, observing, documenting and assessing young children, teaching and learning, and professional practices and development. Degrees and college course work are from regionally accredited institutions of higher education.</li> </ul>					

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10.3.	<p>All early childhood programs, regardless of size or funding auspices, have a designated program administrator with the educational qualifications detailed above.</p> <p>When there is a total enrollment of fewer than 60 full-time equivalent (FTE) children and/or less than 8 FTE staff.</p> <ul style="list-style-type: none"> <li>• A program may have a part-time administrator who fulfills a dual role (e.g. teacher/administrator).</li> <li>• In multi-site programs, sites may share an off-site administrator.</li> </ul> <p>When there is a total enrollment of 60 or more FTE children and/or 8 or more FTE staff.</p> <ul style="list-style-type: none"> <li>• A program has a full-time administrator.</li> <li>• At multisite programs, individual facilities have a full-time administrator or manager under the direct supervision of an individual who meets the qualifications outlined for the program administrator.</li> </ul>					
<b>Management Policies and Procedures</b>						
10.4	<p>Written policies and procedures maintain developmentally appropriate <a href="#">group size and child/teacher ratios</a> to facilitate adult-child interaction and constructive activity among children. Child and teacher ratios and group size are met during all hours of operation, including indoor and outdoor play, transportation and field trips with adults assigned to specific areas, and near equipment where injury could occur. When transporting children, the teacher-child ration would be used to guide the adult-child ratio.</p> <p>Groups of children may be age determined or multiage. (A group is the number of children assigned to a teacher or a team of staff members occupying an individual classroom or well-defined space with clear physical boundaries that prevent intermingling of children within a larger room.)</p>					
<b>Fiscal Accountability Policies and Procedures</b>						
10.5.	Fiscal management conforms to standard accounting practices					

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<b>Health Nutrition, and Safety Policies and Procedures</b>						
10.6.	<p>The program has written policies and procedures to safeguard the health and safety of adults as well as children. These policies promote wellness among children and adults. These policies include:</p> <ul style="list-style-type: none"> <li>• reducing occupational hazards such as infectious diseases (e.g., exposure of pregnant staff to cmv [cytomegalovirus], chicken pox), injuries (e.g., back strain, falls), environmental exposure (e.g., indoor air pollution, noise, stress (inadequate break time).</li> <li>• inclusion/exclusion criteria, management plans and reporting requirements for staff and children with illness, including medication administration.</li> <li>• provision of space, supervision, and comfort for an ill child waiting for pick up because of illness.</li> <li>• nutrition for children and adults.</li> <li>• sanitation and hygiene, including food handling and feeding.</li> <li>• prohibition of smoking, firearms, and other significant hazards that pose risks to children and adults.</li> <li>• providing referrals to resources that support staff in wellness, prevention and treatment of depression, and stress management.</li> <li>• temporary relief from duty for adults whose level of stress interferes with their ability to work with children within the guidelines of policy.</li> </ul>					
10.7.	The program has written policies and procedures to protect children and adults from environmental hazards, including lead and asbestos, according to public health requirements.					
10.8.	The program has a written child-abuse and neglect reporting policy and procedures in place that comply with applicable federal, state, and local laws. It includes requirements for staff to report all suspected incidents of child abuse and/or neglect by families, staff, volunteers, or others to the appropriate local agencies. Staff who report suspicions of child abuse or neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious.					

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10.9.	The program has written policies and procedures to be followed if a staff member is accused of abuse or neglect of a child in the program that protect the rights of the accused staff person and protect the children in the program.					
10.10.	The program has written policies and procedures that outline the health and safety information to be collected from families and to be maintained on file for each child in one central location within the facility. The files are kept current by updating as needed, but at least quarterly. The content of the file is confidential, but immediately available to administrators and/or teaching staff who have consent from a parent or legal guardian for access to records, to the child's parents or legal guardian, and to licensing authorities upon request.					
10.11.	Written policies and procedures address all aspects of the arrival and departure of children. They <ul style="list-style-type: none"> <li>• facilitate family-staff interaction.</li> <li>• ensure all children transported during the program day are accounted for before, during, and after transport.</li> <li>• ensure the safety of all children.</li> <li>• address specific procedures for children with disabilities.</li> <li>• address special circumstances in picking up children at the end of the day.</li> </ul>					
10.12.	Transportation services are managed and program vehicles are licensed and insured in accordance with applicable federal and state laws. Certification of licensing and insurance is available on site. Written policies and procedures address safety during transport.					

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10.13.	<p>The program has written disaster preparedness and emergency evacuation policies and procedures. Procedures designate an appropriate person to assume authority and take action in an emergency when the director is not on site.</p> <p>The procedures include:</p> <ul style="list-style-type: none"> <li>• plans that designate how and when to evacuate and specify a location for the evacuation.</li> <li>• plans for handling lost or missing children, security threats, utility failure, and natural disasters.</li> <li>• arrangements for emergency transport and escort from the program.</li> <li>• monthly practice of evacuation procedures with yearly practice of other emergency procedures.</li> </ul>					
10.14.	<p>The program has written, up-to-date, comprehensive policies and procedures to prepare for and respond to medical and dental emergencies for children and adult staff. The procedures include:</p> <ul style="list-style-type: none"> <li>• identifying a hospital or other source of medical care as the primary site for emergency care. Program staff have informed the facility of their intent to use their services in an emergency.</li> <li>• immediate access to written familial-consent forms for emergency medical treatment and transportation arrangements including relevant health insurance information.</li> <li>• arrangements for emergency transport and escort from the program of individuals who require immediate medical attention.</li> <li>• presence of an adult with current pediatric first-aid training certification on site at all times (training includes providing rescue breathing and management of a blocked airway and any special procedures that physicians of enrolled children have documented that the children require).</li> <li>• individual emergency care plans for children with known medical or developmental problems or other</li> </ul>					



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10.14. Cont.	conditions that might require special care in an emergency (allergy, asthma, seizures, orthopedic or sensory problems, and other chronic conditions; children who regularly take medication or who are technology dependent).					
<b>Personnel Policies</b>						
10.15.	The program has written personnel policies that define the roles and responsibilities, qualifications and specialized training required of staff and volunteer positions. They outline non-discriminatory hiring procedures, and policies for staff evaluation. Policies include job descriptions for each position, including reporting relationships, salary scales with increments based on professional qualification, length of employment, and performance evaluation; benefits; resignation and termination; and grievance procedures. Personnel policies provide for incentives based on participation in professional development opportunities. The policies are provided to each employee upon hiring.					
10.16.	Staff are provided space and time away from children during the day. When staff work directly with children for more than 4 hours, staff are provided breaks of at least 15 minutes in each 4-hour period.					

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10.17.	<p>All employees in the program who come into contact with children in the program or who have responsibility for children (including bus drivers, bus monitors, custodians, cooks, clerical and other support staff))</p> <ul style="list-style-type: none"> <li>• have passed a criminal-record check.</li> <li>• are free from any history of substantiated child abuse or neglect.</li> <li>• are at least 18 years old (except vehicle drivers who must be at least 21) and have completed high school or the equivalent.</li> <li>• possess the physical and mental health to perform the tasks required to carry out the responsibilities of their position.</li> </ul> <p>They demonstrate the ability to</p> <ul style="list-style-type: none"> <li>• work with children without using physical punishment or any form of psychological abuse.</li> <li>• communicate with children and their families.</li> <li>• encourage children and provide them with a variety of opportunities for learning and social experiences</li> <li>• recognize health and safety hazards and act to protect children from harm.</li> </ul>					
10.18.	<p>Hiring procedures include the following:</p> <ul style="list-style-type: none"> <li>• routine state and federal criminal background checks, including child-abuse registries checks where available.</li> <li>• personal references checks.</li> <li>• documentation of health assessment.</li> </ul>					
10.19.	<p>Confidential personnel files are kept in a central location, including applications with record of experience, transcripts of education, health-assessment records, documentation of ongoing professional development, and results of performance evaluations.</p>					
10.20.	<p>All staff are evaluated at least annually by an appropriate supervisor or in the case of the Administrator, by the Governing Body.</p>					